



Module 9 PMTCT Programme Monitoring



Total Time: 85 minutes

SESSION 1 Introduction to the Programme Cycle

Activity/Method	Resources Needed	Time
Lecture and slide presentation	None, other than those noted below	10 minutes

SESSION 2 Global, National, and Healthcare Facility PMTCT Indicators

Activity/Method	Resources Needed	Time
Exercise 9.1 Understanding indicator requirements: small group discussion	None, other than those noted below	30 minutes

SESSION 3 PMTCT Programme Monitoring at the Healthcare Facility Level

Activity/Method	Resources Needed	Time
Exercise 9.2 Using indicators: small group discussion Exercise 9.3 Completing local PMTCT forms (optional)	None, other than those noted below Paper copies of all forms for all participants or a copy of each on a transparency for overhead projector	45 minutes



The *Pocket Guide* contains a summary of Session 3.

Also have available the following:

- Overheads or PowerPoint slides for this Module (in Presentation Booklet)
- Overhead or LCD projector, extra extension cord/lead
- Flipchart or whiteboard and markers or blackboard and chalk
- Pencil or pen for each participant

Relevant Policies for Inclusion in National Curriculum
<p>Session 2</p> <ul style="list-style-type: none">▪ National indicators for PMTCT programmes▪ Healthcare facility indicators for PMTCT programmes

SESSION 1 Introduction to the Programme Cycle



Advance Preparation

There is no advance preparation required for this session.



Total Session Time: 10 minutes



Trainer Instructions

Slides 1 and 2

Begin by reviewing the module objectives listed below.

After completing the module, the participant will be able to:

- Describe the programme cycle.
- Discuss the purposes of global and national PMTCT indicators.
- Understand the role of the healthcare worker in monitoring a PMTCT programme.

Note: This module is designed to provide introductory information on monitoring PMTCT programmes. Some healthcare workers may benefit from additional training in PMTCT programme monitoring and evaluation.



Trainer Instructions

Slides 3, 4, and 5

Discuss the programme cycle, as noted in the box on the next page.



Make These Points

- Emphasise the parallels between the five-step programme cycle and the five-step clinical case management process using a familiar clinical situation, such as an infant brought to MCH services for growth and developmental delay. Consider that this infant is not gaining weight as expected.

Programme cycle

Planning and implementation of a PMTCT programme is part of a larger programme cycle in which healthcare workers play an important role. A successful PMTCT programme requires implementing each step of the programme cycle.

The *programme* cycle is the process of assessing a situation and then designing, implementing, monitoring, and evaluating a public health programme in response.

Note the parallels between the programme cycle and clinical case management. The five-step process in a nationwide PMTCT programme cycle is similar to the five-step process a healthcare worker follows when caring for a patient. The healthcare worker:

- Assesses the patient's health by taking a medical history, performing a physical exam, and making the diagnosis
- Designs a patient treatment plan
- Implements the treatment plan
- Monitors the patient's progress
- Evaluates the success of the treatment plan using lab tests, re-examination, and patient self-report

Assessing

The first step of the programme cycle is to analyse the problem by conducting a needs assessment. In this case, the needs assessment would indicate women are HIV-infected and that infants are dying of HIV/AIDS. It might also indicate where the problem is the greatest (eg, urban or rural areas) and the best way to begin to address the problem.

Planning

The next step is to plan the specific PMTCT treatment, care, and support programme that will respond to the needs identified in the assessment. Planning will involve making decisions such as which healthcare facilities will offer PMTCT services in the first phase of the programme; how to expand and scale-up the programme; how many and which staff should be trained; what types of equipment, supplies, and physical space are needed.

Planning also requires developing programme guidelines (eg, PMTCT national guidelines), a budget and a programme management plan.

PMTCT programme goals and targets are also developed during the planning step. For example, the programme might aim to provide pre-test information to 100% of new ANC patients and to provide HIV testing to 95% of new patients. While these goals might not be achievable immediately, setting targets to improve coverage rates within a specific time frame can help the staff reach programme goals.

Implementing

The third step is the implementation of PMTCT services according to the decisions made in the planning phase. Implementation involves training staff, establishing standard procedures for healthcare workers, and integrating the programme into ongoing MCH services. Often, there is a pilot phase when a new programme is introduced at a healthcare facility. During the pilot phase, initial problems can be identified and solved before the programme is fully implemented.

Monitoring

The next step in the programme cycle, monitoring the PMTCT programme, involves asking questions about the services and the implementation process. Questions about the performance of the programme might include: How many patients is the programme reaching? What percentage of ANC patients receive HIV testing? What percentage of mothers, who are HIV-infected and delivered at a PMTCT site, are receiving ARVs for PMTCT?

Evaluating

The final step is evaluating the PMTCT programme by asking questions about the impact of the programme. Such questions could include: What are the barriers to full uptake of the programme? How many infants did the programme prevent from getting HIV infection? How might the programme be improved in order to reach its targets and goals more quickly?

Comparing outcomes to previously outlined goals is important for measuring the programme's success.

Steps of the programme cycle occur as part of an ongoing process. Evaluation findings should lead to new planning and implementation. This approach provides a broad perspective on effective monitoring and evaluation, and improves the feasibility of plans and sustainability of projects.



Make These Points

- The steps of the programme cycle are part of an ongoing process.
- Evaluation findings lead to new planning and implementation processes.
- This approach improves the feasibility and sustainability of projects because it facilitates identification of successful components and procedures as well as those needing to be modified or phased in.

SESSION 2 Global, National, and Healthcare Facility PMTCT Indicators



Advance Preparation

Read the scenario for Exercise 9.1 to make sure it is appropriate for your setting. If necessary, change it to reflect your local and national monitoring requirements and practices. Also, find out how all the information sought in this scenario (such as the number of women testing HIV-positive) is collected and reported to the authorities.



Total Session Time: 30 minutes



Trainer Instructions

Slides 6, 7 and 8

Discuss the importance of global, national, and health facility PMTCT indicators, using the information below.



Make These Points

- PMTCT programme indicators can quickly show us how rates of MTCT are being reduced in a particular geographic area.
- Funding for programmes is often dependent on outcomes.

What is an indicator?

Indicators are summary measures to describe a situation. Indicators provide information on the status of activities related to each step of the programme cycle. Appendix 9-A provides examples of PMTCT performance indicators.

Indicators for PMTCT programmes

Global indicators

Global indicators generally are limited to the final step of the programme cycle and a few key outcomes. They are based on national indicators. Global indicators:

- Reflect, in a few summary numbers, the current worldwide situation regarding PMTCT efforts
- Provide a picture of how countries, on average, are addressing PMTCT
- Help donors understand how to assess the results of past spending and prioritise future funding

Example of a global PMTCT indicator: Percentage of pregnant women who are HIV-positive and received a complete course of ARV prophylaxis to reduce the risk of MTCT

National indicators

National indicators usually address several steps of the programme cycle. They are estimated from information provided at the local level. National indicators:

- Reflect the goals, objectives, and activities of the national HIV/AIDS programme
- Assess the effectiveness of the national response to PMTCT
- Include the WHO global PMTCT indicators

Example of a national indicator: Percentage of pregnant women in the country making at least one ANC visit who have received an HIV test result and post-test counselling

Healthcare facility indicators

Healthcare facility indicators—information collected at healthcare facilities—are essential to monitoring and evaluation, and to providing quality healthcare services to patients. National and global indicators are reported based on healthcare facility indicators.

Healthcare facility indicators:

- Help set targets and track progress towards reaching all women and infants who need PMTCT services
- Help identify progress, problems, and challenges
- Aid in finding solutions to the problems of increasing coverage and improving quality of care.

Example of a healthcare facility indicator: Percentage of women who received HIV pre-test information during ANC and accepted HIV testing



Trainer Instructions

Slide 9

Review the importance of PMTCT programme indicators, using the following exercise.

Exercise 9.1 Understanding indicator requirements: small group discussion	
Purpose	<p>To discuss the information needed to track a specific indicator, how to measure a specific indicator, collect, and compile data.</p> <p>To understand the importance of specific definitions of terms when selecting indicators and planning data collection.</p> <p>To view monitoring from a national perspective.</p>
Duration	25 minutes
Introduction	<p>Divide participants into four groups. Tell participants the following:</p> <ul style="list-style-type: none">▪ You are the members of the National PMTCT Monitoring Team that advises the MOH on PMTCT monitoring indicators. The MOH wants to know the extent to which providers are following national PMTCT guidelines, so that they can report to their funding organisations.▪ The indicator that you will be discussing today is the percentage of pregnant patients who are HIV-infected and received ARV prophylaxis in accordance with national guidelines.
Activity	<p>Ask each group to designate one member to write the answers on a flipchart for presentation to the larger group. Each group will address one of the following two questions. Provide guidance to the groups as they work to answer the questions. After each question is a list of possible answers. Compare those responses with participants' answers and offer additional answers.</p> <p>1) What information do healthcare workers need to measure the indicator? Expect any of the following answers from participants:</p> <ul style="list-style-type: none">▪ Number of pregnant women who are HIV-positive▪ Number of women who are HIV-positive and have given birth to a live infant▪ Number of pregnant women who are HIV-positive and have received ARV prophylaxis <p>2) What information do healthcare workers need to understand the indicator (eg, the definition of the terms and the relevant national guidelines)? Expect any of the following answers from participants:</p> <ul style="list-style-type: none">▪ What is the definition of a patient? For example, is a woman who tested HIV-positive at your clinic and then moved away and was lost to follow-up considered a patient?▪ What does "received ARV prophylaxis" mean? For example, if the infant received ARV but the mother did not, would that be recorded as "received ARV prophylaxis"?▪ What is does "in line with national guidelines" mean? If the mother received ARV during false labour and the dose was not repeated during actual labour, would that be considered "in line with national guidelines"?▪ Invite one member of each group to present responses to the larger group. Compare the responses presented to those listed above.

Exercise 9.1 Understanding indicator requirements: small group discussion	
Debriefing	Review what was learned, focusing on whether participants have increased understanding of what indicators are and how they are used in PMTCT programmes.

SESSION 3 PMTCT Programme Monitoring at the Healthcare Facility Level



Advance Preparation

Consider the scenario for Exercise 9.2 in light of PMTCT services in your area (if they are already established). Consider the range of reasons that a patient might refuse ARV prophylaxis. The reasons may be cultural (eg, fear of Western medicine), practical (eg, unreliable supply of ARVs), or service related (eg, lack of trained personnel to answer questions). If the data are available, change the percentages in the scenario to reflect the percentages reported from local PMTCT clinics.

For the optional Exercise 9.3, consider the complexity of the local forms and your participants' familiarity with completing them to decide how much time should be spent on this exercise and the methodology (three methods for introducing the forms are suggested in the exercise). Ensure you have all materials available for presentation (whether it is paper copies of all forms for all participants or a copy of each form on a transparency for overhead projection).



Total Session Time: 45 minutes



Trainer Instructions

Slides 10, 11 and 12

Discuss the role of monitoring and evaluation in PMTCT programmes, using the information below.



Make These Points

- Emphasise the importance of healthcare workers in the monitoring process.
- Explain that evaluation tells us how our programme interventions are working.

What is monitoring?

Monitoring is regular tracking of key programme elements.

Monitoring of the PMTCT programme will help to:

- Assess programme performance
- Detect and correct performance problems
- Make more efficient use of PMTCT programme resources

Because monitoring data provide much of the information needed to track programme performance and make programme changes, this session focuses on monitoring data that are routinely collected through record-keeping at the healthcare facility.

What is evaluation?

Evaluation is measuring the changes in a situation resulting from an intervention.

A formal evaluation of the PMTCT programme will demonstrate to what extent the programme contributed to changes in the indicators. Formal evaluations should be conducted intermittently to try to examine the ways in which the PMTCT programme is causing these changes.

What is a monitoring system?

A monitoring system is a group of components used to track programme activities. PMTCT programme monitoring should include all activities aimed at providing the minimum package of services for preventing mother-to-child transmission including:

- HIV testing and counselling for pregnant women
- ARV treatment and prophylaxis to prevent MTCT
- Counselling and support for safe infant-feeding practices
- Family planning counselling or referral

Typically, data on these activities are recorded at the healthcare facility, compiled at a district level, and forwarded to the national level for aggregation as illustrated in Figure 9.1.



Trainer Instructions

Slides 13 and 14

Discuss the importance of recordkeeping and data collection.



Make These Points

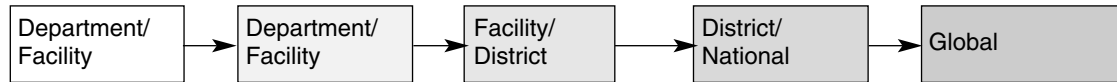
- Responsible and accurate data collection help keep the important work of PMTCT programmes on target.

Figure 9.1 Flow of Recordkeeping Data

Type of Report



Place Generated



Characteristics of a PMTCT programme monitoring system

A PMTCT monitoring system includes:

- Clear definitions of indicators
- Standard tools, data source, and methodologies
- Clear guidelines and protocols

Examples of guidelines and protocols might address: What data quality assurance procedures should be implemented? How often and to whom will reports be sent? How will reports be used and disseminated?

Ideally, staff members will record the PMTCT services provided in standard ANC and maternity ward registers as part of routine MCH data collection. Periodic summary reports summarise register information for local programme management and reporting.

See Appendix 9-B for sample PMTCT columns to add to standard MCH registers and sample PMTCT monthly summary forms.

In every healthcare facility where PMTCT services are delivered, it is important to designate staff and outline their responsibilities in the monitoring process. Clear roles and responsibilities should be defined for staff involved in:

- Data collection
- Analyses
- Reporting
- Dissemination
- Data use

Using monitoring information for intervention-related decision-making

Monitoring information should be reviewed periodically to assess programme performance and improve programme procedures. Monitoring information is used for decision-making about the PMTCT programme at local, national, and global levels.

Consider an example of decision-making based on a healthcare facility-level indicator:

Percentage of women who deliver at a PMTCT site who know their HIV status

If decision-makers at the healthcare facility offering PMTCT services see that a low percentage of women know their HIV status, they should first try to understand the causes before making recommendations to remedy the situation. They might further investigate:

- Of the women who do not know their HIV status at delivery, what percentage attended ANC?
- Is the ANC clinic reaching its HIV testing targets?
- Is HIV testing and counselling during labour being offered to women according to protocol?

Depending on the answers to these or similar questions, possible interventions or recommendations might include:

- Improving outreach to pregnant women to increase ANC attendance
- Modifying ANC procedures to increase testing and counselling coverage
- Increasing maternity ward staffing resources in an effort to increase HIV testing rates during labour



Trainer Instructions

Guide the following small group discussion of interpreting data and developing recommendations based on the data.

Exercise 9.2 Using indicators: small group discussion	
Purpose	To interpret monitoring data from a PMTCT service and consider recommendations to improve performance
Duration	15 minutes
Introduction	<ul style="list-style-type: none"> ▪ Divide participants into four small groups. Explain that this exercise will provide an opportunity to interpret data from a busy PMTCT clinic on the outskirts of the national capital.
Activity	<ul style="list-style-type: none"> ▪ Ask participants to imagine that they are upper-level administrators and clinicians working in a busy PMTCT on the outskirts of the national capital. The facility's Executive Director calls you into a meeting to help him interpret the annual PMTCT monitoring data. He starts the meeting by writing the following on a flipchart in the front of the meeting room (the trainer should do the same): "Number and percentage of pregnant women receiving ARV prophylaxis." ▪ Then tell the groups: "The Executive Director reports that the MOH has discovered that only 25% of pregnant women who are HIV-infected nationwide received ARV prophylaxis in 2003." He writes 25% on the flipchart, just to emphasise his point. The Executive Director continues by saying that our health facility is among the lowest, with 18% of pregnant women who are HIV-positive taking ARV prophylaxis, and writes 18% on the flipchart. He explains to the group that he called the meeting to find out "from my best and brightest clinicians and administrators from the PMTCT Clinic why the numbers are so low." He waits for a response."

Exercise 9.2 Using indicators: small group discussion

Activity <i>(continued)</i>	<ul style="list-style-type: none"> ▪ Ask each group to: <ul style="list-style-type: none"> ▪ Develop possible interpretations of the data. ▪ Identify any additional information they need to better understand the data. ▪ Develop programme-related recommendations. ▪ Ask one member of each group to record the answers on a piece of flipchart paper for presentation to the larger group.
Debriefing	<p>As you review the groups' responses in the larger group, reinforce the usefulness of these data in providing information that may lead to ways to improve PMTCT in this setting.</p>



Trainer Instructions

Slide 15

Using the information below, review the tips for “good data” shown in the slides.

How can healthcare workers ensure data collected is useful?

Ensuring optimal use of data for decision-making and effective management of the PMTCT programme requires accurate and timely data. The accuracy of the information is also critical to providing quality healthcare services.

The information from a monitoring system is only as useful as the quality of the information collected in clinic registers or on patient forms.

Healthcare workers who are responsible for recording PMTCT services and patient health information are strongly advised to adhere to the following procedures:

- *Understand the data to be collected.* Before you record information, make sure that you understand the data requested.
- *Record the data every time.* Record on the appropriate form each time you perform a procedure, see an HIV-positive patient, prescribe an ARV drug, receive a test result, provide a referral, or engage in any other PMTCT activity.
- *Record all the data.* Make sure you have provided all the information requested on the monitoring form. Doing so might even require noting when you did not provide a service.
- *Record the data in the same way every time.* Use the same definitions, the same rules, and the same tests for reporting the same piece of information over time. Sometimes, however, doing so will not be possible, particularly when tests and definitions change as a result of new treatments and technologies. When it is not possible to record the data in the same way, make a note that describes the change.

Healthcare workers are responsible for knowing who is accountable for the monitoring activities, recording data reliably and accurately, and knowing how and when to report information and indicators.

Healthcare workers can contribute to making the overall monitoring process as accurate and reliable as possible by providing feedback about:

- How the system is working
- Useful methods for sharing information
- Whether the monitoring tools are easy to complete accurately and reliably

Exercise 9.3 Completing local PMTCT forms (optional)	
Purpose	To understand the use of local PMTCT forms.
Duration	15 minutes
Introduction	This is an opportunity to introduce local forms to participants and to emphasise the importance of completing them consistently and accurately.
Activity	<p>Present PMTCT forms in a manner appropriate to the complexity of local forms and the learning needs of participants. The following are three possible ways to present local forms:</p> <ul style="list-style-type: none"> ▪ Show the forms on the LCD/overhead projector; describe them one-by-one, or ▪ Show copies of the forms on an overhead projector and fill them in with information the group provides about an imaginary patient, group of patients, or programme (depending on the data requested). ▪ Make copies of local forms for participants; break into pairs and practise completing them. <p>Answer questions as they arise.</p>
Debriefing	<ul style="list-style-type: none"> ▪ Acknowledge the amount of work required to accurately complete reporting forms, but emphasise the importance of the data for evaluating the programme and securing continued funding.



Trainer Instructions

Slides 16 and 17

Summarise the module by reviewing the key points as described below.

Module 9: Key Points

- Program cycle steps include:
 - Assessing
 - Planning
 - Implementation
 - Monitoring
 - Evaluation
- Global, national, and facility level indicators measure progress toward programme goals.
- Monitoring is the routine tracking of programme information.
- Accurate facility registers and records provide essential information for monitoring PMTCT programmes.

APPENDIX 9-A Examples of PMTCT performance indicators

Global and national PMTCT indicators¹

- Existence of national guidelines for the prevention of HIV infection in infants and young children and the care of infants and young children in accordance with international or commonly agreed-upon standards
- Percentage of public, missionary, and workplace venues offering the minimum package of services for preventing HIV infection in infants and young children in the preceding 12 months
- Percentage of pregnant women making at least one ANC visit who have received an HIV test result and post-test counselling
- Percentage of women who are HIV-infected and receiving a complete course of ARV prophylaxis to reduce MTCT in accordance with a nationally-approved treatment protocol in the preceding 12 months
- Percentage of infants who are HIV-positive born to women who are HIV-infected

¹ Source. UNAIDS, World Health Organization. 2004. *National Guide to Monitoring and Evaluating Programmes for the Prevention of HIV in Infants and Young Children*. Retrieved 6 June 2004, from http://www.who.int/hiv/pub/prev_care/en/nationalguideyoungchildren.pdf

Sample health facility PMTCT indicators

- Percentage of women starting ANC who receive pre-test counselling
- Percentage of women starting ANC who receive HIV testing
- Percentage of women who are HIV-infected who receive their test results and post-test counselling
- Percentage of women who are HIV-negative and receive their test results and post-test counselling
- Number of male partners who are HIV-tested
- Number of women attending ANC receiving ARVs for PMTCT
- Percentage of women with unknown HIV status at delivery
- Percentage of women with unknown HIV status who were tested at/after delivery
- Percentage of women who are HIV-infected who took a full course of ARVs for PMTCT
- Percentage of infants who were HIV-exposed and received ARVs
- Percentage of women who are HIV-infected and intend to replacement feed

APPENDIX 9-B Sample PMTCT columns to add to standard ANC and maternity ward registers

ANC Register

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Date Started ANC	Reg. No.	Date Pre-test Counselling	Date Tested for HIV	HIV Test Result	Date Post-Test Counselling	ARV Given	Date ARV Started
				P N U		(NVP, AZT, AZT+NVP, HAART)	

ANC Partner Register

(1)	(2)	(3)	(4)	(5)
Reg. No.	Date Pre-test Counselling	Date HIV-Tested	HIV Test Result	Date Post-Test Counselling
			P N U	

Maternity Register

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Date	Reg. No.	HIV Status from ANC	HIV Test Result at/after Delivery	ARV Woman Took During Pregnancy	Number of Weeks Woman Took ARV During Pregnancy	ARV Woman Took in Labour	Date Infant Received NVP	ARV Infant Discharged With	ARV Infant Discharged With
		P N U	P N	(AZT, AZT+3TC, HAART)	< 2 2-4 >4	(NVP, AZT, AZT+NVP, HAART)		(AZT)	B R

Source: CDC. Prevention of Mother-to-Child HIV Transmission – Monitoring System (PMTCT-MS), Draft June 2004.
P = positive, N = negative, U = unknown

APPENDIX 9-B Sample PMTCT columns to add to standard ANC and maternity ward registers *(continued)*

Sample PMTCT antenatal clinic (ANC) monthly summary form

Facility:	Level of Facility:	Month of Report:
District:	Region:	
Date Form Completed:	Year of Report:	

ANC Counselling and Testing

All women attending ANC during the month of report.		Number
ANC 01.	Number starting ANC this month	_____
ANC 02.	Not pre-test counselled	_____
ANC 03.	Pre-test counselled	_____
ANC 04.	Did not have HIV test	_____
ANC 05.	Had HIV test	_____
ANC 06.	Tested HIV-negative	_____
	ANC 06.1. Post-test counselled	_____
	ANC 06.2. Not post-test counselled	_____
ANC 07.	Tested HIV-positive	_____
	ANC 07.1. Post-test counselled	_____
	ANC 07.2. Not post-test counsele	_____
ANC 08.	Tested but unknown/lost result	_____

ANC Partner Testing

These numbers do not always relate directly to the numbers of women starting ANC this month.

ANC 09.	Number of partners tested for HIV	_____
	ANC 09.1. Tested HIV-negative	_____
	ANC 09.2. Tested HIV-positive	_____
	ANC 09.3. Tested but unknown/lost result	_____

ANC Antiretroviral Coverage

Numerator data of women starting on drug during the month of report. These numbers do not relate directly to the numbers from the Antenatal Counselling and Testing section.

ANC 10.	Started on, or given NVP	_____
ANC 11.	Started on, or given AZT	_____
ANC 12.	Started on, or already taking HAART	_____

Source: CDC. Prevention of Mother-to-Child HIV Transmission – Monitoring System (PMTCT-MS), Draft June 2004.

APPENDIX 9-B Sample PMTCT columns to add to standard ANC and maternity ward registers *(continued)*

Sample PMTCT maternity (L&D) monthly summary form

Facility:	Level of Facility:	Month of Report:
District:	Region:	
Date Form Completed:	Year of Report:	

	Number
MAT 01. Number of women who delivered	_____
MAT 02. Number of women who had HIV test from ANC	_____
MAT 02.1. Number of women with known HIV-negative test from ANC	_____
MAT 02.2. Number of women with known HIV-positive test from ANC	_____
MAT 03. Number of women with unknown HIV status at delivery	_____
MAT 04. Number of women tested for HIV at/after deliver	_____
MAT 04.1. Number HIV-negative	_____
MAT 04.2. Number HIV-positive	_____

The section below pertains to all identified HIV-positive women who delivered live births.

MAT 05. All HIV-positive women (MAT 02.2. + MAT 04.2)	_____
MAT 06. Number who took AZT in ANC	_____
MAT 06.1. Took AZT <2 weeks	_____
MAT 06.2. Took AZT 2–4 weeks	_____
MAT 06.3. Took AZT >4 weeks	_____
MAT 07. Number who took nevirapine (NVP)	_____
MAT 08. Number who took NVP only	_____
MAT 09. Number who took highly active antiretroviral therapy HAART	_____
MAT 09.1. Took HAART <2 weeks	_____
MAT 09.2. Took HAART 2–4 weeks	_____
MAT 09.3. Took HAART >4 weeks	_____
MAT 10. Number whose infant(s) received NVP	_____
MAT 11. Number whose infants discharged with ARV	_____
MAT 12. Number intending to breastfeed	_____
MAT 13. Number intending to replacement feed	_____

Source: CDC. Prevention of Mother-to-Child HIV Transmission – Monitoring System (PMTCT-MS), Draft June 2004.

[illegible]



Field Visit (optional)



Total Time: half day

Goal of the field visit

The goal of the field visit is to reinforce the classroom learning by providing participants with an observation experience in a PMTCT facility setting, such as an ANC clinic, labour and delivery facility, or follow-up treatment centre.

Timing and objectives of field visit

The field visit can take place any time after *Module 6: HIV Testing and Counselling for PMTCT*. If necessary, the field visit can take place the week after the training course. The timing of the visit and the people with whom trainees will meet is based on the learning objectives. The objectives may include any of the following:

- To observe an HIV information session
- To observe an HIV counselling session
- To observe rapid testing
- To observe the provision of advice and support around ARV treatment/prophylaxis
- To observe the provision of infant feeding counselling and support
- To observe the use of universal precautions in the labour and delivery setting
- To gain an understanding of the management of occupational exposure to HIV including post-exposure prophylaxis
- To discuss PMTCT programme monitoring
- To observe the provision of support to a patient who is HIV-infected
- To observe referral and follow-up of patients to treatment, care, and support services

Note: additional information about the field visit and organising the field visit can be found in the Training Programme and Course Director Guide.



Trainer Instructions

Debriefing following the visit: Once the field visit is completed it is important to determine if the visit met the trainers' and participants' expectations. Where you choose to have the debriefing will depend on the facility and available space. Plan to allow at least 30 minutes for this session.

The following questions may be helpful in directing group responses:

- How did your observations compare with what you learned in a given area?
 - What was the same?
 - What made it different?
- Did you observe any practice that you felt could be improved?
- Was there a particular healthcare worker that made an impression on you—positive or negative?
- What practices did you observe that you will take back to your own facility?
- Did the visit, overall, meet your expectations?
- Is there something that could have made the visit more beneficial?

Field Visit Planning Guide

The goal of the field visit is to provide participants with an experience in a PMTCT setting to reinforce the classroom learning.

Note: this document can be found in the Training Programme and Course Director Guide. It is not in the Participant Manual.

Planning and Conducting a Field Visit	
1–4 weeks before the training	
Organise the visit or visits to a local PMTCT site	Contact one or more local health centres to gain permission for participants to visit and meet with several members of staff. The staff with whom participants will meet can be determined by the field visit objectives. If there are a number of PMTCT services near to the training site, the participants may be divided into special interest groups and visit different sites. If necessary, the visits could be staggered over the course of a day.
Write and send confirmation letter	<p>Once you have commitments from staff at the PMTCT facility, follow up with a letter confirming the date and timing of the visit and the visit objectives. It may be a good idea to also include the following in the letter:</p> <ul style="list-style-type: none"> ▪ Brief description of the training; you may want to attach a copy of the overall PMTCT training agenda, goals/objectives ▪ Information on length of the visit
1–4 weeks before the training	
Develop Field Visit Guide	Finalise the visit guide for participants. See the sample guide on the following pages.
1, 2, or 3 days before the training	
Confirm the meetings	Telephone (or send another letter to) the people with whom the participants will be meeting to reconfirm. Provide the healthcare workers with the final number of visitors.
On the morning of the Field Visit	
Team Leader, name tags and time for debrief	<p>Ensure that at least one trainer will accompany each group of participants.</p> <p>Ask the participants to return to the training room at the designated time for debriefing.</p>

Field Visit Planning Guide *(continued)*

At the Site	
The meeting	Once participants arrive at the PMTCT service/clinic, the trainer should ask for the healthcare worker scheduled for the first meeting.
Thank the healthcare workers	Thank each healthcare worker upon conclusion of each observation or meeting

After the site visit	
Debrief	<ul style="list-style-type: none">▪ When everyone has returned, allow approximately 30 minutes for debriefing.▪ The following questions may be helpful in directing group response:<ul style="list-style-type: none">▪ How did their observations compare with what they had learned in a given area? What was the same? What made it different?▪ Did the visit meet their expectations?▪ Is there something that could have made the visit more beneficial?▪ Did they observe any practice that they felt could be improved?▪ Ask each participant to summarise their experience in a sentence or two.

Within a week after the Field Visit	
Send out thank you notes	Follow up with thank you notes to the clinical facilities staff that took time to meet with the participants.

Field visit guide

This guide was developed as a resource for a field visit to a healthcare facility providing PMTCT services. The following questions may be addressed to healthcare workers, site supervisors, and programme managers but the questions should be reviewed beforehand in light of the local context. In addition to listening, field visit participants will also gain information by observing the layout of the facility, attitudes of staff when they interact with patients, the volume of patients, and the overall atmosphere.

Antenatal care (ANC)

- How many ANC patients come here per month?
- How many new ANC patients come here per month?
- What is the typical flow of activities during a woman's first visit to ANC?
- Whom does she see?
- What activities occur?
- Where does she go?

HIV testing and counselling

- Are patients routinely offered HIV testing? Is an opt-in or opt-out approach used?
- Which of the following pre-testing services are provided?
 - Group education
 - Individual pre-test counselling
 - Couples pre-test counselling
 - Ongoing HIV counselling for women who refuse testing
- What is the HIV testing process (for adults and infants)?
 - Type of test
 - Testing algorithm
 - Where tests are performed
 - Staff who perform testing
 - Average number of tests per week
 - Describe the procedures for providing HIV test results

ARV treatment/prophylaxis for PMTCT

- Which regimens are provided?
- What are the main counselling messages and recommendations about ARV treatment/prophylaxis for PMTCT?
- What is the process for providing ARVs to the women who are HIV-infected and their infants?

Labour, delivery and postpartum care

- How many babies are delivered per month?
- Approximately what percentage of women deliver at home?
- Approximately what percentage of women who deliver here know their HIV status?

Field visit guide *(continued)*

Infant feeding

- What are the main infant-feeding messages provided?
- Is infant formula provided?
- When is infant-feeding counselling provided?
- How is support for women's infant-feeding choices provided?

Stigma and discrimination related to MTCT

- What are the systems or steps used to protect confidentiality?
- What are the systems or steps used to reduce stigma and discrimination in the facility?
- What are common concerns about and experiences regarding stigma and discrimination discussed by patients?

Linkages to treatment, care and support for mothers and families

- What are the linkages to other programs or community organisations providing the following services?
 - Home-based care
 - Psychosocial services to persons living with HIV/AIDS
 - Family planning
 - ARV treatment
 - Infant-feeding support
 - HIV counselling and testing
- What are the mechanisms used to follow-up referrals?

Safety and supportive care in the work environment

- How do counsellors receive emotional support to share experiences and alleviate burn out?
- How would you describe staff attitudes towards the PMTCT programme, satisfaction, support, workload?
- How would you describe the adequacy of supplies and equipment to follow infection control procedures?
- How does this facility dispose of potentially contaminated waste and items that are not reused (eg, bandages, syringes, etc.)?
- What is the method used here to sterilise equipment?

PMTCT programme monitoring

- What is the PMTCT data collection and reporting process?
- Can you show me the tools you use to record PMTCT services you provide?
- What are the measures used to ensure quality information is collected and reported?
- Can you tell me how information collected in the PMTCT program is used to improve the programme?